

# PARENT PRE-Assessment

## Parent Teacher Home Visit Project: Participant Parent Pre-Assessment Detroit Public Schools Community District

Please provide project planners with feedback about your experiences in this program. Your information will be kept confidential and only be used to improve the program.

Today's Date: \_\_\_\_\_

Your Initials: \_\_\_\_\_

Birth Month & Day (example: 10/27): \_\_\_\_\_ / \_\_\_\_\_

1. Are you?     Male                       Female

2. What is your zip code? \_\_\_\_\_

3. What is the highest level of school you have completed? (Check one)

- High school or less                       High school diploma/GED                       Associate Degree  
 Bachelor's Degree                       Master's Degree                       PhD

4. How would you describe yourself? (Check all that apply)

- African American or Black                       Native American or Alaska Native                       Asian  
 Hispanic or Latino                       Native Hawaiian or Other Pacific Islander  
 White or Caucasian                       Other (Specify): \_\_\_\_\_

5. Are you the primary caregiver?     Yes                       No

6. Please indicate your relationship to the student:

- Parent                                               Grandparent                                               Auntie/Aunt  
 Uncle                                               Cousin                                               Other (Specify): \_\_\_\_\_

7. What grade is your child in now? \_\_\_\_\_

8. What school does your child attend? \_\_\_\_\_

9. Please respond to the following statements:

<i>Mark an "X" in the box that best matches your experience.</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
	(1)	(2)	(3)	(4)	(5)
a. When I first heard about the program, I was immediately interested in having the teacher visit our home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think the home visits will be a good use of my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would like my relationship with my child's teacher to be stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I currently feel confident in working with my child on school activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I currently attend school activities such as parent-teacher conferences & school events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE SEE NEXT PAGE FOR A FEW MORE QUESTIONS.

10. Please respond to the following statements and think about your child's current academic performance:

<b>Mark an "X" in the box that best matches your experience.</b>	<b>Strongly Disagree</b> <b>(1)</b>	<b>Disagree</b> <b>(2)</b>	<b>Neutral</b> <b>(3)</b>	<b>Agree</b> <b>(4)</b>	<b>Strongly Agree</b> <b>(5)</b>
a. My child is meeting attendance expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child is demonstrating motivation to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child is meeting school behavior policy and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child is demonstrating academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Why did you sign up for the Parent Teacher Home Visit Project?

*Thank you for your time. We value your opinion!*